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Illinois Association of Wheat Weavers  
Membership Application

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ email \_\_\_\_\_

Annual dues are:

\$15 residents of the continental U.S.A.

\$20 all others (must be paid in U.S. currency)

Other family members living in the same household may join for \$2 each.

Date \_\_\_\_\_ Amount Enclosed \$ \_\_\_\_\_ New \_\_\_\_\_ Renewal \_\_\_\_\_

Name of family member(s) \_\_\_\_\_

Print this form and send it with a check or money order to:

IAWW Treasurer

Kathy Dailey

9863 Wolf Hill Rd.

Bloomington, IL 61705

email: [info@illinoiswheatweavers.org](mailto:info@illinoiswheatweavers.org)